

State of Maryland

FY 2006 Health Insurance Premiums

Employee / Retiree

CareFirst BCBS-PPO				Bi-Weekly			Monthly		
				EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE		1		41.34	165.37	206.71	82.68	330.74	413.42
Employee/Retiree & 1 CHILD, NO MEDICARE		2		74.42	297.65	372.07	148.83	595.30	744.13
Employee/Retiree & SPOUSE, NO MEDICARE		3		74.42	297.65	372.07	148.83	595.30	744.13
Employee/Retiree +2 OR MORE, NO MEDICARE		4		103.36	413.43	516.79	206.71	826.86	1,033.57
RETIREE ONLY, WITH MEDICARE		5		20.68	82.69	103.37	41.35	165.39	206.74
RETIREE + 1, ONE WITH MEDICARE		6		62.01	248.02	310.03	124.01	496.04	620.05
RETIREE + 1, BOTH WITH MEDICARE		7		41.34	165.37	206.71	82.68	330.74	413.42
RETIREE + 2, ONE WITH MEDICARE		8		95.08	380.32	475.40	190.16	760.64	950.80
RETIREE + 2, TWO WITH MEDICARE		9		82.68	330.73	413.41	165.36	661.45	826.81
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10		62.01	248.02	310.03	124.01	496.04	620.05
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		11		103.36	413.43	516.79	206.71	826.86	1,033.57

EE/Ret= Employee/ Retiree

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Employee / Retiree

MLH - EAGLE - PPO				Bi-Weekly			Monthly		
				EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	ESRD	1		36.10	144.41	180.51	72.20	288.82	361.02
Employee/Retiree & 1 CHILD, NO MEDICARE		2		64.99	259.93	324.92	129.97	519.87	649.84
Employee/Retiree & SPOUSE, NO MEDICARE		3		64.99	259.93	324.92	129.97	519.87	649.84
Employee/Retiree +2 OR MORE, NO MEDICARE		4		90.26	361.04	451.30	180.52	722.08	902.60
RETIREE ONLY, WITH MEDICARE		5		18.06	72.21	90.27	36.11	144.42	180.53
RETIREE + 1, ONE WITH MEDICARE		6		54.15	216.60	270.75	108.30	433.19	541.49
RETIREE + 1, BOTH WITH MEDICARE		7		36.10	144.41	180.51	72.20	288.82	361.02
RETIREE + 2, ONE WITH MEDICARE		8		83.03	332.13	415.16	166.06	664.25	830.31
RETIREE + 2, TWO WITH MEDICARE		9		72.21	288.81	361.02	144.41	577.63	722.04
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10		54.15	216.60	270.75	108.30	433.19	541.49
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		11		90.26	361.04	451.30	180.52	722.08	902.60

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FY 2006 Health Insurance Premiums

Employee / Retiree

AETNA US HEALTHCARE - POS				Bi-Weekly			Monthly		
				EE	State	Total	EE/Ret	State	Total
	ESRD								
Employee / Retiree ONLY, NO MEDICARE		1		24.40	119.10	143.50	48.79	238.20	286.99
Employee / Retiree, 1 CHILD, NO MEDICARE		2		43.91	214.38	258.29	87.82	428.75	516.57
Employee / Retiree & SPOUSE, NO MEDICARE		3		43.91	214.38	258.29	87.82	428.75	516.57
Employee/Retiree +2 OR MORE, NO MEDICARE		4		60.99	297.74	358.73	121.97	595.49	717.46
RETIREE ONLY, WITH MEDICARE		5		12.20	59.53	71.73	24.39	119.06	143.45
RETIREE + 1, ONE WITH MEDICARE		6		36.59	178.61	215.20	73.17	357.22	430.39
RETIREE + 1, BOTH WITH MEDICARE		7		24.40	119.10	143.50	48.79	238.20	286.99
RETIREE + 2, ONE WITH MEDICARE		8		56.11	273.91	330.02	112.21	547.83	660.04
RETIREE + 2, TWO WITH MEDICARE		9		48.79	238.18	286.97	97.57	476.36	573.93
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10		36.59	178.61	215.20	73.17	357.22	430.39
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		11		60.99	297.74	358.73	121.97	595.49	717.46

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State of Maryland FY 2006 Health Insurance Premiums

Employee / Retiree

CareFirst BCBS-POS ESRD				Bi-Weekly			Monthly		
				EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE		1		26.63	130.00	156.63	53.25	260.00	313.25
Employee/Retiree & 1 CHILD, NO MEDICARE		2		47.93	234.00	281.93	95.85	468.00	563.85
Employee/Retiree & SPOUSE, NO MEDICARE		3		47.93	234.00	281.93	95.85	468.00	563.85
Employee/Retiree +2 OR MORE, NO MEDICARE		4		66.57	324.99	391.56	133.13	649.99	783.12
RETIREE ONLY, WITH MEDICARE		5		13.31	64.99	78.30	26.62	129.97	156.59
RETIREE + 1, ONE WITH MEDICARE		6		39.94	194.99	234.93	79.88	389.98	469.86
RETIREE + 1, BOTH WITH MEDICARE		7		26.63	130.00	156.63	53.25	260.00	313.25
RETIREE + 2, ONE WITH MEDICARE		8		61.24	298.99	360.23	122.48	597.97	720.45
RETIREE + 2, TWO WITH MEDICARE		9		53.25	259.99	313.24	106.50	519.97	626.47
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10		39.94	194.99	234.93	79.88	389.98	469.86
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		11		66.57	324.99	391.56	133.13	649.99	783.12

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State of Maryland FY 2006 Health Insurance Premiums

Employee / Retiree

M.D. IPA PREFERRED - POS				Bi-Weekly			Monthly		
				EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	ESRD	1		26.05	127.15	153.20	52.09	254.30	306.39
Employee/Retiree & 1 CHILD, NO MEDICARE		2		46.88	228.86	275.74	93.75	457.73	551.48
Employee/Retiree & SPOUSE, NO MEDICARE		3		46.88	228.86	275.74	93.75	457.73	551.48
Employee/Retiree +2 OR MORE, NO MEDICARE		4		65.11	317.89	383.00	130.22	635.77	765.99
RETIREE ONLY, WITH MEDICARE		5		13.02	63.58	76.60	26.04	127.15	153.19
RETIREE + 1, ONE WITH MEDICARE		6		39.07	190.72	229.79	78.13	381.44	459.57
RETIREE + 1, BOTH WITH MEDICARE		7		26.05	127.15	153.20	52.09	254.30	306.39
RETIREE + 2, ONE WITH MEDICARE		8		59.90	292.44	352.34	119.80	584.88	704.68
RETIREE + 2, TWO WITH MEDICARE		9		52.09	254.30	306.39	104.17	508.60	612.77
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10		39.07	190.72	229.79	78.13	381.44	459.57
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		11		65.11	317.89	383.00	130.22	635.77	765.99

EE/Ret=Employee/ Retiree

State of Maryland FY 2006 Health Insurance Premiums

Employee / Retiree

BLUE CHOICE - HMO				Bi-Weekly			Monthly		
				EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	ESRD	1		21.35	120.95	142.30	42.69	241.91	284.60
Employee/Retiree & 1 CHILD, NO MEDICARE		2		44.80	253.84	298.64	89.59	507.68	597.27
Employee/Retiree & SPOUSE, NO MEDICARE		3		44.80	253.84	298.64	89.59	507.68	597.27
Employee/Retiree +2 OR MORE, NO MEDICARE		4		55.50	314.48	369.98	110.99	628.96	739.95
RETIREE ONLY, WITH MEDICARE		5		10.53	59.62	70.15	21.05	119.25	140.30
RETIREE + 1, ONE WITH MEDICARE		6		31.70	179.60	211.30	63.39	359.20	422.59
RETIREE + 1, BOTH WITH MEDICARE		7		23.12	131.02	154.14	46.24	262.04	308.28
RETIREE + 2, ONE WITH MEDICARE		8		52.87	299.60	352.47	105.74	599.19	704.93
RETIREE + 2, TWO WITH MEDICARE		9		33.72	191.08	224.80	67.44	382.16	449.60
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10		28.92	163.89	192.81	57.84	327.78	385.62
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		11		52.62	298.17	350.79	105.24	596.33	701.57

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State of Maryland FY 2006 Health Insurance Premiums

Employee / Retiree

KAISER - HMO				Bi-Weekly			Monthly		
				EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	ESRD	1		19.86	112.55	132.41	39.72	225.09	264.81
Employee/Retiree & 1 CHILD, NO MEDICARE		2		39.72	225.09	264.81	79.44	450.18	529.62
Employee/Retiree & SPOUSE, NO MEDICARE		3		39.72	225.09	264.81	79.44	450.18	529.62
Employee/Retiree +2 OR MORE, NO MEDICARE		4		49.75	281.90	331.65	99.49	563.80	663.29
RETIREE ONLY, WITH MEDICARE		5		12.57	71.23	83.80	25.14	142.46	167.60
RETIREE + 1, ONE WITH MEDICARE		6		32.43	183.78	216.21	64.86	367.55	432.41
RETIREE + 1, BOTH WITH MEDICARE		7		25.14	142.46	167.60	50.28	284.92	335.20
RETIREE + 2, ONE WITH MEDICARE		8		49.75	281.90	331.65	99.50	563.80	663.30
RETIREE + 2, TWO WITH MEDICARE		9		45.00	255.01	300.01	90.00	510.01	600.01
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10		37.71	213.69	251.40	75.42	427.38	502.80
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		11		49.75	281.90	331.65	99.50	563.80	663.30

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State of Maryland FY 2006 Health Insurance Premiums

Employee / Retiree

OPTIMUM CHOICE, INC. - HMO				Bi-Weekly			Monthly		
				EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE	ESRD	1		21.74	123.18	144.92	43.47	246.36	289.83
Employee/Retiree & 1 CHILD, NO MEDICARE		2		45.21	256.18	301.39	90.42	512.35	602.77
Employee/Retiree & SPOUSE, NO MEDICARE		3		45.21	256.18	301.39	90.42	512.35	602.77
Employee/Retiree +2 OR MORE, NO MEDICARE		4		53.91	305.45	359.36	107.81	610.91	718.72
RETIREE ONLY, WITH MEDICARE		5		14.36	81.34	95.70	28.71	162.69	191.40
RETIREE + 1, ONE WITH MEDICARE		6		36.09	204.52	240.61	72.18	409.03	481.21
RETIREE + 1, BOTH WITH MEDICARE		7		28.71	162.68	191.39	57.42	325.35	382.77
RETIREE + 2, ONE WITH MEDICARE		8		53.91	305.45	359.36	107.81	610.91	718.72
RETIREE + 2, TWO WITH MEDICARE		9		49.29	279.27	328.56	98.57	558.55	657.12
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10		43.07	244.02	287.09	86.13	488.04	574.17
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		11		53.91	305.45	359.36	107.81	610.91	718.72

*EE/Ret = Employee/Retiree

Maryland State Employee Benefits Program

Prescription Drugs

FY 2006 Rates

Level of Coverage	Bi- Weekly Employee	Bi- Weekly State Subsidy	Bi- Weekly Total
Employee / Retiree Only	\$17.68	\$70.73	\$88.41
Employee / Retiree + 1 Child	\$23.50	\$94.00	\$117.50
Employee / Retiree + Spouse	\$29.35	\$117.39	\$146.74
Employee / Retiree + 2 or More	\$35.36	\$141.46	\$176.82
Level of Coverage	Monthly Employee	Monthly State Subsidy	Monthly Total
Employee / Retiree Only	\$35.36	\$141.46	\$176.82
Employee / Retiree + 1 Child	\$47.00	\$187.99	\$234.99
Employee / Retiree + Spouse	\$58.69	\$234.78	\$293.47
Employee / Retiree + 2 or More	\$70.73	\$282.90	\$353.63

**State of Maryland
DENTAL PLANS
FY 2006 Premiums**

Dental Benefits Providers (HMO)			
Bi-Weekly Coverage Level	Employee Deduction	State Subsidy	Total
Employee / Retiree Only	\$3.41	\$3.40	\$6.81
Employee / Retiree + 1 Child	\$6.81	\$6.81	\$13.62
Employee / Retiree + Spouse	\$7.50	\$7.49	\$14.99
Employee / Retiree + 2 or More	\$11.92	\$11.92	\$23.84
Monthly Coverage Level	Employee Deduction	State Subsidy	Total
Employee / Retiree Only	\$6.81	\$6.81	\$13.62
Employee / Retiree + 1 Child	\$13.62	\$13.62	\$27.24
Employee / Retiree + Spouse	\$14.99	\$14.99	\$29.98
Employee / Retiree + 2 or More	\$23.84	\$23.84	\$47.68

United Concordia (HMO)			
Bi-Weekly Coverage Level	Employee Deduction	State Subsidy	Total
Employee / Retiree Only	\$3.50	\$3.49	\$6.99
Employee / Retiree + 1 Child	\$6.09	\$6.09	\$12.18
Employee / Retiree + Spouse	\$7.00	\$7.00	\$14.00
Employee / Retiree + 2 or More	\$9.84	\$9.84	\$19.68
Monthly Coverage Level	Employee Deduction	State Subsidy	Total
Employee / Retiree Only	\$6.99	\$6.99	\$13.98
Employee / Retiree + 1 Child	\$12.18	\$12.18	\$24.36
Employee / Retiree + Spouse	\$14.00	\$14.00	\$28.00
Employee / Retiree + 2 or More	\$19.68	\$19.67	\$39.35

United Concordia (PPO)			
Bi-Weekly Coverage Level	Employee Deduction	State Subsidy	Total
Employee / Retiree Only	\$5.37	\$5.37	\$10.74
Employee / Retiree + 1 Child	\$10.26	\$10.26	\$20.52
Employee / Retiree + Spouse	\$10.74	\$10.73	\$21.47
Employee / Retiree + 2 or More	\$20.11	\$20.11	\$40.22
Monthly Coverage Level	Employee Deduction	State Subsidy	Total
Employee / Retiree Only	\$10.74	\$10.73	\$21.47
Employee / Retiree + 1 Child	\$20.52	\$20.51	\$41.03
Employee / Retiree + Spouse	\$21.47	\$21.47	\$42.94
Employee / Retiree + 2 or More	\$40.22	\$40.22	\$80.44